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Substitute for form 1449/PTO				Complete if Known			
				Application Number			
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Filing Date	May 2, 2001		
				First Named Inventor	Victor V. GOGOLAK		
				Art Unit	2129		
(Use as many she ets as necess ary)			cess ary)	Examiner Name	B. J. Buss		
Sheet	1	of	1	Attorney Docket Number	597932000200		

				TENT DOCUMENTS	04900499400 <u>25</u> 90025900590059004990029002590055900
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (if known)	Publication Date	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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		FOREI	GN PATENT	DOCUMENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code³-Number⁴-Kind Code⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T6
	1.	JP-10-225500	08-25-1998	Syst Consulting Service KK (Tadashi FUJII et al.)	English translation of abstract	
	2.	JP-11-282934	10-15-1999	System Yoshii KK (Seiji YOSHII et al.)	English translation of abstract	

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		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No. ¹	Include name of the author (i n CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journ al, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
	3.	"VAERS Data: Guide to Interpreting Case Report Information Obtained from the Vaccine Adverse Event Reporting System (VAERS)," [online], 'retrieved on June 11, 2002, 2 pages, retrieved from the Internet: http://www/vaers.org/info	

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Examiner	10 aniamin Duna / (44/00/0040)	Date	1
Signature	/Benjamin Buss/ (11/06/2010)	Considered	

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